	RESIDENTIAL HABILITATION TRAINING/ IN-HOME SUPPORT SCHEDULE								
NAME:	SERVICE:								
PLAN DATE:	PROVIDER:								
SCHEDULE IMPLEMENTATION/REVISION DAT									
NOTE: THIS TEXT BOX IS A REMINDER PURPOSE OF THIS SCHEDULE IS TO PROV CONDUCTING A DESIGNED PROGRAM TO AND ADAPTIVE SKILLS NEC3ESSARY TO F SELF HELP, DAILY LIVING SKILLS, MOBILI' BEHAV	IDE A GUIDELINE FOR RE O ALLOW THE INDIVIDUAL RESIDE SUCCESSFULLY IN	SIDENTIAL H TO ACQUIR N THE COMM CATION, SEL	IABILITATION E, RETAIN, UNITY. TR F-SUFFICII	ON TRAINE AND IMPR AINING IS ENCY, SUR	RS AND IN OVE THE S TO ADDRE VIVIAL, RE	-HOME SU SELF-HELP SS FUNCTI	PPORT SEI , SOCIALIZA IONAL DEF	RVICES- ATION, ICITS IN	
Summary of Goal: Specify the goal and th task.) (Base line will be determined throug Level of Independence Key: 0 = Refused to attempt 1 = Hand over hand assistance	th assessment or by the 2 = physical p	provider du rompt	ıring my fi		t to do the	e task.)		the listed	
Training Objective SCHEDULE*** DATE:	MM/DD/YY								
BEGIN TIME									
OBJECTIVE #1 LAUNDRY									
Sort Clothing (into correct basket by using the pictu	re card that is on basket)								
a. underclothes, socks									
b. jeans									
c. T- Shirts									
d. Towels, dish cloths, wash cloths									
Sets Washer Controls according to the color codes on the baskets, to the same color codes on the washer									
Correctly measure detergent and fabric softener									
4, Sets dryer controls and starts dryer									
5. Cleans the lint trap									
Transfers clothing from washer to dryer									
7. Folds or hangs clothing up on hanger									
Puts clothing in appropriate place									
Measurement of level of accomplishment									
END TIME									
UNITS USED									
			Χ	Χ	Χ	Χ	Χ	Χ	
SIGNATURE									
UNITS APPROVED AS OF (USE PLAN DATE I	HERE)								
A COPY OF THIS DOCUMENTATION AND BILLING SUBMITTED TO THE ISC, AS PER THE PLAN OF CO MONTHLY *** INCIDENT REPORTS SUBMITTED AS A SEPARA	ARE, MINIMAL AT LEAST								